



Pre-School & Diamonds
June & July 2018
Summer Registration Form
 1808 Woodmoor Dr., Monument, CO 80132
 719.232.5313/ jeri@atimetodancecolorado.com

Dancer's Name: _____ D.O.B. _____ Age _____
 Parent/Guardian: _____ Cell# _____ Home# _____
 Dancer Email: _____ Parent Email: _____
 Address: _____
 Contact in case of emergency (other than parent) name and #: _____
 Does dancer have any medical restrictions/allergies: yes/no _____
 Previous Dance Training (type/duration): _____

**Pre-School & Diamond Level
Classes**

June 4th - July 20th.

Monday, June 4th
 Pre-School 4:15-5:00
 Diamond 5:00-6:00

Monday, June 11th
 Pre-School 4:15-5:00
 Diamond 5:00-6:00

Monday, June 18th
 Pre-School 4:15-5:00
 Diamond 5:00-6:00

Monday, June 25th
 Pre-School 4:15-5:00
 Diamond 5:00-6:00

Monday, July 2nd
 Pre-School 4:15-5:00
 Diamond 5:00-6:00

Monday, July 9th
 Pre-School 4:15-5:00
 Diamond 5:00-6:00

Monday, July 16th
 Pre-School 4:15-5:00
 Diamond 5:00-6:00

\$12.50 per hr x's of hours _____ =
 \$ _____

Must be pre-registered and pre-paid. Classes will be open based on availability and enrollment.

Diamond Princess Camp

Where: A Time To Dance
 When: July 9, 10 & 11
 Time: 9:00-11:30
 What: Dance, Activities, Crafts, Friends, FUN,
 Cost: \$75.00



Release of Liability
 As the legal parent or guardian, I release and hold harmless A Time To Dance, its owners and operators, from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of A Time To Dance, its owners and operators, or en route to or from any of said premises.

Medical Emergency
 The undersigned gives permission to A Time To Dance, its owners and operators, to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician _____ be called at _____ and that my child be transported to _____ hospital. I've read all of the above and the Studio Policies and agree: _____ Date _____/_____/_____
 (Signature of parent or legal guardian if student is under age 18, or signature of student if age 18 or older)